

Self-Care for insulin injection via disposable pen

This document is intended for health care professionals and patients/ carers working together and should be read in conjunction with the manufacturer's patient information leaflet for the insulin preparation prescribed for the patient.

Supporting people with diabetes to look after their own insulin injections is likely to improve their self-confidence and quality of life.

The following should be based on a discussion between the health care professional and patient (and carer, as appropriate) and only signed if all agree with the statements.

Assessing whether self-care is appropriate

For the healthcare professional and patient/ carer together	Yes	No
In the view of the health care professional, is self-care suitable?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person with diabetes able to make a decision about self-care?	<input type="checkbox"/>	<input type="checkbox"/>
If not, do they have someone who is willing and able to act in their best interests to make this decision?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person with diabetes physically able to undertake the necessary care or have someone willing and able to carry out care on their behalf?	<input type="checkbox"/>	<input type="checkbox"/>
Can the person with diabetes or their carer demonstrate an understanding of how to safely administer insulin via the prescribed disposable insulin pen? ...	<input type="checkbox"/>	<input type="checkbox"/>
Does the person with diabetes or their carer have access to a home blood glucose meter which they are able to use to correctly monitor blood glucose levels?	<input type="checkbox"/>	<input type="checkbox"/>
Does the person with diabetes or their carer know their target pre-meal blood glucose range and what to do if the blood glucose level is higher or lower than the target range?	<input type="checkbox"/>	<input type="checkbox"/>

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Can the person with diabetes or their carer correctly explain how to treat hypoglycaemia (low blood glucose or **hypo**)? Yes No

Does the person with diabetes or their carer always have access to quick acting carbohydrates suitable for treating a hypo? Yes No

Does the person with diabetes or their carer know what to do if the patient has hyperglycaemia (high blood glucose levels)? Yes No

For example, drink water and seek medical advice. Yes No

The health care professional has discussed potential side effects and the importance of referring to the manufacture's patient information leaflet supplied with the insulin. Yes No

The person with diabetes or their carer is able to follow the manufacturer's instructions on storage of the disposable insulin pens. Yes No

Patient/Carer: Name

..... Signature

Healthcare Professional: Name

..... Signature

Date:

Care Plan		For the patient/ carer. To be completed by, or with, the help of the health care professional whilst under the care of community nursing.			
Patient's Name:					
Carer's Name:					
To contact Health Care Professional:					
To contact GP:					
Name of insulin:					
What time do you need to give your Insulin?		How many units of insulin are needed at the time required?			

A video produced by Diabetes UK explaining how to perform an insulin injection in an adult can be found via the link below:

<https://www.youtube.com/watch?v=vxjOVTKdZ9g>

A video also produced by Diabetes UK explaining how to measure your blood sugars at home can be found via the link below:

<https://www.youtube.com/watch?v=NUskHI7APHE>

- When you are injecting insulin, you should aim to inject into the fatty tissue just underneath the skin.
- Many insulin preparations need to be taken before meals, make sure that you carefully follow the information on the manufacturer's patient information leaflet for instructions on **when** to administer the insulin.

Other advice

Firstly, prepare your kit.

You will need:

- A disposable insulin pen prescribed for you.
- Dosing instructions that specify the number of insulin units to be administered (this maybe be on the pharmacy label or a discharge letter from the hospital).
- Manufacturer's patient information leaflet, found within the box.
- Enough insulin inside the pen to give the required dose.
- A new pen needle.
- A sharps disposal container for used pen needles to go into.
- Make sure you have your kit available at all times and if possible, inform your family as to its location.

Things to do before you get started:

- Check you have the correct insulin pen, this is especially important if you are prescribed more than one insulin preparation.
- Wherever possible, wash your hands with soap and water.
- Check the expiry date, note insulin stored out of the fridge must usually be used within 28 days.
- Do you need to eat after administering insulin? If so is food available?

Injecting your insulin

Follow the manufacturer's patient information leaflet that will explain:

- How to put a new needle onto your pen.
- Whether the insulin will need to **be re-suspended** or mixed, follow the manufacturer's instructions if this is required.
- How to perform an **air shot** which is a safety check involving dialling up at least two units and pressing the plunger to expel a test shot of insulin.

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- How to safely dial up your required dose.
- How to pick a soft fatty area to inject. Usual areas are outer thighs and abdomen avoiding 2 inches or 5cm around the navel (belly button), near scars or in wounds.
- How to inject the insulin. Some people may need to raise a fold of fatty flesh slightly between their thumb and fingers. If you are unsure about whether you need to do this, ask your nursing team.
- After the dose has been injected, hold the needle in for a good 10 seconds to help insulin get delivered and prevent any of the dose escaping out.
- Ensure that the used needle is deposited into a sharps container.

How to avoid pain when injecting insulin

Most injections are not painful. The chance of pain is greatly minimised by using a new needle.

Some tips to help avoid or minimise pain when injecting, include:

- Always use a new needle.
- Use a needle that is the right length. Your nursing team can advise you on whether you're using the right needle length.
- Use insulin and a needle which is at room temperature.
- Push the needle in quickly when injecting.
- Try not to wiggle the needle as you're injecting or withdrawing the needle.

Injections and bruising

You may notice a little blood leaks out after injecting. This is nothing to worry about, it just means the needle has gone through a small blood vessel. If this happens, you may notice a raised area of your skin from the blood underneath but this should ease down over the next few hours and you'll be left with a bit of a bruise for a few days.

Rotate your injection sites to avoid 'lumpy' skin

It's vital you choose a different spot each time – at least 1cm or half an inch from where you last injected. If not, hard lumps can appear that will stop your body absorbing and using the insulin properly

The outer thighs or abdomen (avoiding 2 inches or 5cm around the navel) should give a good area of flesh to inject into. Using different areas of the body to inject into is **insulin injection site rotation**.

However, you may find you have a **favourite part** of that area to inject into. If this is the case, try injecting into surrounding areas, picking a new spot each time.

One way to pick a non-lumpy area is to feel or squeeze the skin before injecting insulin. If it doesn't feel as supple as it could be, pick a different spot to inject into.

If you would like this information in another format or language, please contact the Your Experience Team on freephone 0800 694 5530. Alternatively you can email wcnt.youreexperience@nhs.net

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Insulin Diary

Carefully follow the information on the manufacturer's patient information sheet for instructions on when to administer the insulin.

You can make a note below of when you have given your insulin:

Always refer to the manufacturer's patient information leaflet for full instructions.